

16254

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. _____

4993

Registration District No. _____

818

Primary Registration District No. _____

1003

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2926 Harper St. /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Henry Johanntosettel

3. (b) If veteran, name war World
 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 25, 1891
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
51 9 3 hr. min.

9. Birthplace New Douglas Ills. /
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired police officer

11. Industry or business

12. Name Fred Johanntosettel

13. Birthplace St. Louis Mo. /
 (City, town, or county) (State or foreign country)

14. Maiden name Anna Meggars

15. Birthplace Unknown Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant Edward H. Johanntosettel

(b) Address New Douglas, Ills.

17. (a) Removal (b) Date thereof 5/29/43
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Douglas, Ills.

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) MAY 30 1943 (b) J. F. Budick
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2926 Harper St.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28th
 year 1943 hour 8 minute 45 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Chronic Interstitial Nephritis

Due to 131

Other conditions
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State) _____
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place)
 Means of injury _____
 23. Signature Alfred J. Budick (M.D. or other)
 Address 2161 East Fair Ave Date signed 5/29/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Francis C. Williamson

Licensed Embalmer No.

3565

P. O. Address.....

St Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.